Lesia Graig **COCHISE COUNTY JAIL INMATE REQUEST FORM** TO: tend Service director NAME & POD: SUBJECT: Wiet **BOOKING NUMBER:** DATE & TIME RECEIVED: 600 4/28/19 RECEIVED BY: NATURE OF REQUEST: DATE: INMATE SIGNATURE: DUTY OFFICER COMMENTS: rud: medical OFFICER'S NAME COURTERO A#1527 SIGNED: REPLY: Medical does not provide snack unless you insulin dependant. Not hypoglycemic have to put in a request 4/29/19 SIGNED:

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Joshua 'Sun Stand Stell Gibsen And you moon, over the valley of Hijalon 1350 the Sun Stood stell and the Stop till The nation owinged and itself a mel I en en es Venessa Martiner 7/m# 291410 2 Kites to food service \$ 1 Kite to medical Re: hypoglycemia. Never received the Kites back a call, & 1/19 medical did fin prick. Blood Sugar was lag(low) but fold her it was perfect.